



What to Expect at your Child's Well Visit

A yearly physical exam by your pediatrician is an important part of your child's health care. This annual appointment allows the pediatrician to give your child a thorough physical examination, perform routine screenings (e.g., vision and hearing tests), make sure vaccinations are up-to-date and obtain any recommended laboratory testing. It's also a good opportunity to address important questions relating to nutrition, sleep habits, safety, and development.

During the check-up, we can often address other problems so you don't have to make another trip to the office. Please note, however, that we will have to bill your insurance for an additional office visit when we address these issues. Depending on the terms of your insurance plan, you may be subject to an additional copay and/or deductible amount for the additional services.

Please let us know if you have any questions.

Cockerell & McIntosh Pediatrics

Things You Should Know: Your Baby 6-11 Months

FEEDING

- Continue breast milk or formula. Do not give regular cow's milk and do not microwave bottles. **Always hold your baby while giving a bottle.** At 9 months began to wean from the bottle to a regular cup. The goal is to have the baby off the bottle by 12-15 months.
- **Do not put your baby to bed with a bottle.** Tooth decay and ear infections can be caused by inappropriate use of a bottle.
- Offer a cup of water once a day.
- **At 6 months your baby should be eating baby foods such as vegetables, fruits and cereals. Offer each new food for 3-4 days before starting another new food.** If you do this, it will be easier to tell if your baby is having a problem with a certain food. If you are warming food in a microwave, always stir the food to prevent "hot spots." **We recommend meats be started around 7 months of age.** Eggs are not recommended until after 9 months of age. Near the end of the first year it is not uncommon for a child to eat less.
- **At 9 months of age most babies need 3-4 feedings per day. Provide regular meal times and offer a variety of table foods.** Because most babies this age are able to pick up objects with their thumbs and forefingers (the "pincer grasp"), they can pick up small pieces of food and this makes feeding themselves an enjoyable challenge!
- **Do not give the baby any foods that might easily cause choking such as nuts, popcorn, chips, candy, hotdogs, frozen peas, raw vegetables, grapes and raisins.** Many babies will enjoy table foods at nine months. With the exception of the above items, they may advance as they want.
- **Babies should be seated in a high chair and watched by an adult at all times while eating.** The infant should not be allowed to play with a mouthful of food. Meals provide opportunities for social interactions as well as for nutrition.
- Breastfed babies and babies drinking less than 32 ounces of formula daily should be given a vitamin like Poly-Vi-Sol or Tri-Vi-Sol.
- Do not feed your baby honey or corn syrup until the age of 12 months because of the risk of infant botulism.

SLEEP

- Most babies nap twice a day. Separation anxiety may cause the baby to resist going to sleep. A small, special stuffed animal might be helpful.
- Awakening at night is a common problem. If a child this age is put to sleep in a parent's arms or with a pacifier, bottle or breast, the child will require the same parenting to fall back to sleep. For this reason we recommend:
 - **Follow a regular bedtime routine at the same time each night.**
 - **Put your baby to bed in his or her own room.**
 - **Put your child in bed awake without a bottle or pacifier.** Do not put the child to sleep by rocking, feeding or other methods. Babies who are put to sleep in this manner will not easily be able to fall back asleep when they wake up at night. A period of quiet time such as rocking, singing or reading is encouraged before bedtime to allow children to relax.
 - **If your baby wakes up at night and does not go back to sleep on his or her own within 15 or 20 minutes, you may go in to check for signs of illness but do not turn on the light, pick up the baby or feed the baby. Let your baby know that it is night time and that you will see him or her in the morning. It is okay to let your baby cry. This will not cause harm or emotional problems.**

BEHAVIOR

- Babies often begin to act frightened by strangers at about six months of age. Reassure grandparents that this will soon pass! Parents should not trick the baby or sneak away to keep the baby from crying. Playing peek-a-boo will help. Reassure the child that you will return.

SHOES

- Shoes are only needed to protect the baby from sharp objects and temperature extremes. Shoes should be flexible, inexpensive and have plenty of room in them.

SAFETY

- **ALWAYS put your baby in a car seat. Your child must remain rear-facing in the car seat until the age of 2 years.** See the attached sheet for current car seat guidelines. Always wear a seat belt yourself.
- **Do not place any heavy bedding, large stuffed animals or pillows in the baby's crib to reduce the risk of suffocation and SIDS (Sudden Infant Death Syndrome).**
- Never leave the baby in a car seat unattended on an elevated surface.
- Necklaces or long cords on pacifiers are dangerous.
- Prevent falls. Use gates on stairwells and install safety devices on windows and screens.
- Sharp objects such as knives, scissors, tools, razor blades and other hazardous items such as coins, glass objects, beads, pins and older siblings' small toys should be kept away from the baby's reach.
- Do not hold the baby while drinking hot liquids or smoking.
- Keep all medicines and cleaning supplies up and out of reach.
- Guns in the home are a danger to the family. If a gun is kept in the home, the gun and the ammunition should be stored in separate locations.
- Be sure you have working smoke alarms as well as a simple fire safety plan, like where the family might meet outside in case of a fire.
- Carbon monoxide detectors are recommended.
- Babies can easily suffocate if left lying on a soft surface.
- Check the temperature of your hot water heater. It should be below 120 °F.
- The number for Poison Control **1-800-366-8888** should be kept near your phone in a place that you can find easily.
- **We do not recommend the use of walkers.** Walkers may delay your child's ability to walk and may cause your child to walk on tip toes. Walkers are also dangerous. There are 24,000 walker-related injuries a year.
- **Lower the crib mattress** and take down all mobiles from the crib.
- Electrical sockets should be plugged.
- Be sure there are no table cloths, lamps, drawers and dangling electrical cords that the baby could pull down while pulling up and attempting to stand.
- **Protect your baby's skin from the sun with a hat and clothing and a sunscreen approved for babies 6 months and older. Use a sunscreen that is "broad spectrum" with at least an SPF of 15. Apply the sunscreen 15-30 minutes before going outside.**
- **Exposure to cigarette smoke causes many medical problems for your baby. These include an increased number of upper respiratory infections (colds), asthma, ear infections and an increased risk of SIDS.**

GROWTH AND DEVELOPMENT

- **Read to your baby every day.**
- **Talk to your baby often.** When your baby babbles, talk and babble back as if you both understand every word. These early conversations will teach your baby hundreds of words before your baby can actually speak any of them.
- **Play with your baby on the floor every day.** Hold brightly colored toys within reach. Introduce one toy at a time so your baby can focus on and explore each one. Good choices include a small rattle with a handle, a rubber ring, a soft doll, soft balls or blocks, stacking cups or board books with pictures.
- Place your baby in different positions - on the back, stomach and sitting with support. Each position gives your baby a different view and a chance to move and explore in different ways.
- Let your baby play with your fingers and explore the bottle or breast during feedings. Later let your baby handle finger foods and help hold the spoon.

TEETHING

- To help make your baby more comfortable while teething, use teething rings. Avoid numbing gels, such as Orajel. These products can numb the gag reflex and cause choking.
- **When teeth come in, brush them twice a day with a dab of fluoride toothpaste.**

DIAPER RASH

- Diaper rashes are usually caused by being left in wet or dirty diapers too long. When rash appears, change diapers more often and apply Desitin, Vaseline or A&D ointment as needed.

IMMUNIZATIONS AND WELL CHILD VISITS

- We would like to see your baby in the office at 9 and 12 months for well child visits.
- At the 6 month check up your baby will receive the following vaccines: DTaP, Hib, Prevnar, Hepatitis B and Rotavirus.
- At the 9 month check up your baby will receive the Polio vaccine.
- At the 12 month check your baby will receive the following vaccines: MMR, chicken pox and Hepatitis A. At this visit your baby will also be checked for lead and anemia.
- Call the office immediately if your baby appears to develop a severe reaction after shots are given. If fever lasts longer than 2-3 days, call us.

Please do not hesitate to call our office if you have any questions or concerns!

Healthy Minds: Nurturing Your Child's Development from **9 to 12 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



► **Key findings** from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

How it looks in everyday family life:

Eleven-month-old Tyra is with her dad, Kevin, at the park. Tyra is playing alone in the sandbox when a group of toddlers joins her. At first, Tyra smiles and eagerly watches their play. But as the toddlers become more active and noisy, Tyra's smiles turn quickly to tears. She starts to crawl out of the sandbox and reaches for Kevin who picks her up and comforts her. But then Kevin goes a step further. After Tyra calms down, Kevin gently encourages her to play near them. He sits at her side, talking and playing with her. Soon Tyra is slowly creeping closer to the other children, curiously watching their moves.

This shows how all areas of Tyra's development are linked, and how her father's response encourages her healthy development. Tyra's looking to her dad for comfort shows that she has developed a close and trusting relationship with him. This is an important sign of her social and emotional development. She uses her intel-

lectual skills to make a plan ("I want to be comforted by Dad, how do I do that?"), and her language (crying) and motor skills (crawling away, reaching up to Dad) to carry out the plan and successfully get the comfort she is seeking.

Kevin's sensitive response has a powerful influence on what Tyra learns from this experience. He lets Tyra know that her needs and feelings are important. This will help Tyra develop future relationships based on love and trust. He is also letting her know that she is a good communicator, which will encourage Tyra to communicate more and more and help her develop good language and literacy skills. His response also makes Tyra a good problem-solver. She wanted comfort and she found a way to get it. By sitting with her near the other children, he lets Tyra know that she has the support she needs to successfully meet new challenges. This will help her feel confident to handle other challenges as she grows.

Relationships are the foundation of a child's healthy development.



American Academy
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Charting Your Child's Healthy Development: 9 to 12 months

The following chart describes many of the things your baby is learning between 9 and 12 months and what you can do to support your child in all areas of her development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what her strengths are and where she needs more support, is essential for promoting her healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Babies this age are very good at expressing their feelings with their gestures, sounds and facial expressions. They can engage in "conversation," for example, handing things back and forth to you, imitating each other's sounds and actions. They also understand "cause and effect"—that they can make something happen: "If I cry, Mom will come."</p>	<ul style="list-style-type: none"> ● Help your baby handle her feelings. Comfort her when she cries, acknowledge when she's frustrated and help her calm down and try again. This helps your child manage her very strong feelings and develop self-control. ● Engage in "circles" of communication with your baby. Keep it going as long as she's engaged. If she reaches for a book, ask, "Do you want that book?" Wait until she responds, and then hand it to her. See what she does with it and join her without taking over. These "conversations" help boost her overall development—social, emotional, language, intellectual and even motor. 	<ul style="list-style-type: none"> ● How would you describe your baby's personality? In what ways are you and your baby alike and different? ● How does your baby let you know what she wants; what she's thinking and feeling?
<p>Thanks to their new memory skills, babies this age know that when you leave, you still exist. This is a very important skill, but also can lead to difficulty when leaving. This is why babies often protest at bedtime and cry out for you in the middle of the night. They try to get you to come back by gesturing, crying and calling out.</p>	<ul style="list-style-type: none"> ● Play hide-and-seek games like peek-a-boo. Disappearing and reappearing games like this help your baby learn to cope with separation and feel secure that you always come back. ● Be positive when leaving her. Go to her at night to reassure her you are still there but don't pick her up and rock her back to sleep. Falling asleep in your arms makes it more difficult for her to soothe herself back to sleep if she wakes up again at night. When saying "goodbye," tell her you will miss her, but that you will return. Make sure she has something that gives her comfort, like her "blankie" or favorite stuffed toy. 	<ul style="list-style-type: none"> ● How does your baby handle it when you leave? What helps make it easier? ● What's hardest for you about being away from your child? Being aware of your own feelings is very important.
<p>Babies this age do things over and over again because that's the way they figure out how things work, and doing things repeatedly builds their self-confidence. It also strengthens the connections in their brains. Their ability to move in new ways (crawl, stand, even walk) makes it easier to explore and helps them make new discoveries, such as finding their favorite book under the chair.</p>	<ul style="list-style-type: none"> ● Be your child's learning partner and coach. Observe her closely to see what she can do. Then help her take the next step. For example, encourage her to put one more block on her tower or to try and fit the cube into a different hole. ● Follow your child's lead. The more she directs the play, the more invested she is and the more she will learn. <p><i>*The report, From Neurons to Neighborhoods: The Science of Early Childhood Development, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.</i></p>	<ul style="list-style-type: none"> ● What are your baby's favorite activities? What does this tell you about her? ● What does your baby do well? What does she find challenging? How can you be a partner in helping her face these challenges?

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Enhancing the quality of life of infants and young children



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For more information go to:
www.zerotothree.org
www.aap.org



Preventive Care Schedule

Age	Procedures
4-5 Day	Physical Exam Immunizations Hep B (if not given at birth) Labs: None
2 Weeks	Physical Exam
1 Month	Physical Exam Immunizations: Hep B
2 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
4 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
6 Months	Physical Exam Immunizations: DTaP, Hib, PCV Rotavirus, Hep B
9 Months	Physical Exam Immunizations: IPV
12 Months	Physical Exam Immunizations: MMR, Varivax, Hep A Labs: Lead, Hematocrit
15 Months	Physical Exam Immunizations: DTaP, Hib, PCV
18 Months	Physical Exam Immunizations: Hep A
2 Years	Physical Exam Immunizations: May need catch-up dose of Hep A Labs: Lead, Hematocrit
30 Months	Physical Exam
3 Years	Physical Exam Labs: Lead Hematocrit
4-5 Years	Physical Exam Immunizations: Immunizations: DTaP, IPV, MMR, Varivax Labs: Lead, Hematocrit, Urinalysis
6-8 Years	Yearly Physical Exam
9-10 Years	Yearly Physical Exam Immunizations: HPV Labs: Cholesterol
11-15 Years	Yearly Physical Exam Immunizations: Tdap, Meningococcal, may need catch-up does of HPV Labs: Hematocrit, Urine, Cholesterol at 11 years if not obtained at 9-10 years
16-18 Years	Yearly Physical Exam Meningococcal Labs: Hematocrit (females only), Cholesterol screening at 17-18 years if not previously performed

Immunization/Lab Key
Cholesterol: blood test to screen for high cholesterol
DTaP: Diphtheria, Tetanus and acellular Pertussis vaccine
Hematocrit: test for anemia
Hep A: Hepatitis A vaccine
Hep B: Hepatitis B vaccine
Hib: Haemophilus Influenzae type B vaccine, an anti-meningitis vaccine
HPV: Human Papillomavirus vaccine for preventing genital warts, cervical cancer and anal cancer
IPV: Inactivated Polio vaccine
Lead: test for lead poisoning
Meningococcal: Meningococcal vaccine, an anti-meningitis vaccine
MMR: Measles, Mumps and Rubella vaccine
PCV: Pneumococcal vaccine, an anti-pneumonia and anti-meningitis vaccine
Rotavirus: Rotavirus vaccine for preventing Rotavirus stomach flu
Tdap: Tetanus, Diphtheria and acellular Pertussis vaccine
Urinalysis: urine test
Varivax: Chickenpox vaccine

CAR SEAT GUIDELINES

- Car seats should be installed tightly using the vehicle seat belt or LATCH system. There should be no more than one inch of movement side to side or front to back.
- Do not place rear-facing car seats in the front seat of vehicles with air bags.
- All children under 2 years old should ride rear-facing. You may switch from an infant seat to a convertible car seat before age 2 years as long as your child remains rear-facing and fits the height and weight requirements of the seat.
- All children younger than 13 years should ride in the back seat.
- A car seat must be replaced if it has been in a moderate or severe crash. Consider replacing seats that have been in a minor crash.
- Always read the car seat manufacturer's instruction manual and your vehicle owner's manual for specific installation instructions.
- For complete guidelines from the American Academy of Pediatrics visit www.healthychildren.org and search for "Car Seats".

Infants/Toddlers (Birth to 2 years)

Weight/Height Requirements: Make sure your child fits within the weight and height limits of the car seat.

Types of Seats: Rear-facing only seat, Convertible seat

Seat Position: Rear-facing

Installation Tips: Harness straps should slide through the slots that are at or below shoulder level. Straps should fit snugly against your child. Make sure the seat is at the correct angle so your child's head does not flop forward.

Toddlers/Preschoolers (2 and 3 year olds)

Weight/Height Requirements: Make sure your child fits within the weight and height limits of the car seat.

Types of Seats: Convertible seat, Forward-facing only seat, Combination seat with harness.

Seat Position: Forward-facing.

Installation Tips: Harness straps should slide through the slots that are at or above shoulder level. Some seats require using the top harness slot for the forward-facing position. Also, you may have to adjust the angle of the seat.

Young Children (4 to 12 year olds)

Weight/Height Requirements: Children should remain in a booster seat until the seat belt fits properly, typically when they are 4 feet 9 inches tall and between 8 and 12 years of age. They should be able to use just the seat belt when they can ride with their knees bent at the seat edge without slouching and with their seat belt low across their upper thighs and snug across their shoulder and middle chest.

Types of Seats: High back booster seat, Backless booster seat

Seat Position: Forward-facing

Installation Tips: Belt-positioning booster seats must be used with both lap and shoulder belts. Make sure the lap belt fits low and snug across your child's upper thighs. The shoulder strap should cross the mid-chest and shoulder.